

DISTRIBUTION GUIDE

Laurentian Bank Visa*
Travel Insurance

GROUP TRAVEL INSURANCE POLICY

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Laurentian Bank of Canada



**LAURENTIAN
BANK**



Financial Group

CANASSURANCE
INSURANCE COMPANY

RESPONSIBILITY OF THE AUTORITÉ DES MARCHÉS FINANCIERS

The Autorité des marchés financiers has not expressed an opinion on the quality of the product offered in this guide. The *insurer* alone is responsible for any discrepancies between the wording of the guide and the policy.

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PURPOSE OF THIS DISTRIBUTION GUIDE

This Distribution Guide provides a clear and accurate description of the travel insurance coverage available. It is designed to be easy to understand so that you can decide whether this insurance is right for your needs without the help of an insurance advisor.

You'll also find the main exclusions and restrictions of your insurance policy in this guide.

For more information about this product or any other Laurentian Bank products or services, feel free to call the bank's 24-hour customer service line at 1-800-252-1846.

Note: Terms that appear in bold and italics in the text are defined in the *Definitions* section.



COVERAGE ACCORDING TO TYPE OF LAURENTIAN BANK VISA CARD

	Types of travel coverages			
	Hospital, Medical and Paramedical Insurance	Trip Cancellation Insurance	Delayed Baggage Insurance	Public Transportation Vehicle Accident Insurance
Laurentian Bank Visa Cards				
Infinite	x	x	x	x
EXPLORE	x	x	x	x
Business Performance	x	x	x	x
Business				x

DESCRIPTION OF INSURANCE

DEFINITIONS

These definitions are intended to help you understand the policy:

Accident: any bodily injury certified by a *physician*, resulting, directly and independently of any other cause, from sudden and unforeseen external causes. The accident must occur while the insurance is in force.

Age or aged: refers to the *insured's* age on the date on which coverage under an insurance benefit begins.

Airplane or plane: a fixed wing multi-engined aircraft with an authorized take-off weight of no less than 4,536 kg which is licensed in Canada or in another country, which is operated by a scheduled or charter *airline* and which holds a valid Canadian Air Transport Board license (or equivalent). Special or chartered flights authorized under any of the above licenses shall be covered only when made by means of an aircraft of the type regularly used by the *airline* on its scheduled or charter air carrier service. All military aircraft are excluded.

Insurer: refers to Canassurance Insurance Company for the Public Transportation Vehicle Accident Insurance benefit and refers to Industrial Alliance, Insurance and Financial Services inc. and Canassurance Insurance Company for the other benefits.

Laurentian Bank Visa card: a Visa credit card in good standing, meaning in full compliance with all of the provisions of the *cardholder* agreement between the Bank and the *cardholder*, issued by Laurentian Bank to preferential customers and which bears one of the following mentions:

“Visa Infinite”

“Visa EXPLORE”

“Visa Business Performance”

“Visa Business”

Travelling companion: a person *aged* 18 or over who shares travel arrangements with the *insured* (up to a maximum of 4 people including the *insured*). For Hospital, Medical and Paramedical Insurance, the person must be between 18 and 75 years of *age*.

Account in good standing: The account must have no fraudulent transactions or be subject to restrictions and must not be in collections or be subject to a declaration of bankruptcy or consumer proposal.

Spouse: the wife or husband or the person who has lived as husband or wife with the *Insured* for at least one year without interruption and without a separation of more than 90 days.

Default: the voluntary or involuntary insolvency or bankruptcy of the *travel service supplier*, which prevents the *Insured* from benefitting from the travel arrangements and which exposes the *Insured* to *financial loss*.

Permanent employment: non-seasonal employment under a contract of unlimited duration and which requires that the *Insured* work a minimum of 25 hours per week.

Dependent child: any unmarried child of the *Insured* or of his/her *spouse* who is under 18 years of *age*, or 24 years of *age* or under if he/she is a full-time student at an educational institution recognized by government education authorities.

Travel service supplier: a travel agency, a travel wholesaler, a package-deal *trip* organizer or an *airline* company that has a valid Canadian Air Transport Board license, as well as a valid operating certificate issued by the Canadian Ministry of Transportation. The organization must have a place of business in Canada.

Living expenses: expenses for meals and lodging, as well as for telephone calls and errands by taxi that are deemed essential.

Reasonable expenses: expenses based on the regular rates for the region where the care or services are provided.

Hospital: a facility licensed as a hospital under legislation in effect in the country where it is located and equipped with a laboratory and an operating room. Under no circumstances does the term *hospital* refer to extended care facilities, convalescent or rest homes, thermal spas, or rehabilitation or detoxification centres.

Nurse: a person legally authorized to practice the nursing profession in the region where care is provided, and who is not a relative of the *Insured*.

Illness: a serious disturbance in the normal state of the organs or functions of the human body which occurs suddenly and unforeseeably and which requires immediate emergency care. An illness must be certified by a *physician* to be recognized for the purpose of this insurance.

Physician: a person legally authorized to practice medicine in the region where medical care is provided, and who is not a relative of the *Insured*.

Member of the family: members of the immediate family as well as the step-father, step-mother, father-in-law, mother-in-law, grandparents, grandchildren, half-brothers, half-sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, uncles, aunts, nephews and nieces of the *Insured*.

Member of the immediate family: the spouse, son, daughter, father, mother, brother or sister of the *Insured*.

Insured: the *cardholder* and his/her *spouse*. *Dependent children* are only insured if accompanying the *cardholder* or *spouse* for the entire duration of the *trip*. Furthermore, they will only be covered under Trip Cancellation Insurance, Baggage Delay Insurance and Public Transportation Vehicle Accident Insurance if the cost of their *trip* and *airline* tickets was paid for using the *cardholder's Laurentian Bank Visa card*.

Loss of speech or hearing in both ears: the total and permanent loss of speech or hearing.

Loss of use of one limb or organ: the loss of use of one hand, one foot or one eye.

Loss of use of one finger: the total and permanent loss of use of a finger, including all the phalanges but without the loss of the hand or the foot.

Loss of use of one hand or one foot: the total and permanent loss of use of one hand or one foot, including the wrist or ankle joint.

Loss of use of one eye: the total and permanent loss of sight in one eye.

Financial loss: the loss of sums which are paid for travel arrangements to the *travel service supplier* which the supplier cannot provide due to *default* and which were not or will not be reimbursed to the *Insured* by the *travel service supplier* or by any fund provided for or set up by government authorities for this purpose.

Province: a province or a territory of Canada.

Business meeting: a private meeting organized in advance as part of the *Insured's* full-time occupation or profession.

Cardholder: a physical person who holds a *Laurentian Bank Visa credit card* issued in his/her name.

Airline or airline carrier: any means of air transportation operated under a license by a carrier authorized by competent authorities to transport passengers.

Public transportation vehicle: any means of transportation (air, sea or land) operated under a license by a carrier authorized by competent authorities to transport passengers.

Trip: any fixed period (less than 182 days or 365 days subject to certain

NATURE OF COVERAGE

conditions) that an **Insured** spends outside his/her **province** of residence.

The travel insurance included with Visa cards issued by Laurentian Bank of Canada offers a range of coverage and services. The following benefits are provided depending on the type of card you hold:

A) Hospital, Medical and Paramedical Insurance

PROVIDED WITH VISA INFINITE, EXPLORE AND VISA BUSINESS PERFORMANCE CARDS

This coverage reimburses eligible **reasonable and usual expenses** that are payable following an emergency situation due to an **accident** or sudden and unexpected **illness** occurring during the first 31 days of a **trip** for an **Insured** under **age 66**, or the first 15 days of a **trip** for an **Insured** between **66 and 75 years of age**. Individuals **aged 76 years and older** are not covered.

The hospital, medical and paramedical care and services must be approved by the **Insurer's** assistance service beforehand, except expenses for emergency transportation to the nearest appropriate location. If the **Insured** is unable to contact the assistance service, any other person accompanying the **Insured** must do so as soon as reasonably possible.

Expenses are covered up to \$5,000,000 per **Insured** for each **accident** or **illness** requiring emergency care.

To be considered eligible, the expenses must be specified under this coverage and be deemed necessary to stabilize the medical condition.

This coverage does not cover non-emergency care, such as a follow-up visit for a condition that has stabilized. Furthermore, the **Insurer** is not responsible for the availability or the quality of medical and hospital services.

The benefits provided under the contract are over and above, rather than in lieu of, government plans and other insurance coverage. Expenses eligible for reimbursement under a government plan or another insurance company's policy will not be reimbursed by the **Insurer**.

There are five categories of eligible expenses:

- » Hospitalization
- » Medical and Paramedical Care and Services
- » Transportation

» **Living expenses**

» Dental care

HOSPITALIZATION

Hospitalization in a semi-private room, or a private room if required by the **Insured's** condition, provided that services were approved by the **Insurer's** assistance service.

These expenses are eligible as long as the **Insured** is hospitalized and his/her health condition does not permit him/her to be repatriated to his/her **province** of residence.

MEDICAL AND PARAMEDICAL CARE AND SERVICES

Expenses for the services of a **physician**, as well as the following services when prescribed by a **physician**:

- » Laboratory tests and radiographs.
- » Private nursing care during hospitalization, without exceeding the normal rate in the **Insured's province** of residence.
- » Medication that can only be obtained on prescription and that is prescribed due to an **accident** or **illness** that occurs during the **trip**. Medication prescribed for a medical condition that existed prior to departure for the **trip** is not covered. The quantity of eligible medication is limited to a 31-day supply.
- » Purchase of medical or orthopedic devices. The rental cost cannot exceed the purchase cost.

Services of the following professionals who are members in good standing of their professional order, when authorized by the **Insurer's** assistance service.

- » Services of a chiropractor (excluding radiographs), a podiatrist or a physiotherapist up to \$15 per treatment, subject to an overall maximum of \$150.

TRANSPORTATION

Emergency transportation to the nearest location where appropriate medical services are available. There is no need to contact the **Insurer's** assistance service for the use of local ambulance services.

Caution: the following transportation services must be planned and approved beforehand by the **Insurer's** assistance service.

- » Repatriation of the **Insured** to his/her **province** of residence by means of a **public transportation vehicle** to receive appropriate care as soon as his/her state of health allows and insofar as the means of transportation initially planned for the return cannot be used.
- » Simultaneous repatriation of a **travelling companion** or the **spouse** and **dependent children** of the repatriated persons, provided they are also

covered under this policy, if they cannot return to the point of departure by the means of transportation initially planned for the return.

- » Round-trip economy fare ticket as well as the usual fees and expenses for a qualified medical attendant who is not a **member of the family**, a friend or a **travelling companion** of the *Insured*, provided this is justified by the attending *physician*.
- » If the *Insured* is not already accompanied by an adult **member of the family**, a round-trip economy fare ticket by the most direct route, up to \$500 of **living expenses** and the insurance coverage provided under this benefit during the visit and the 72 hours following the *Insured*'s discharge from **hospital** to enable a **member of the immediate family** to:
 - Visit the *Insured* if he/she must be hospitalized for at least 7 days and the visit is recommended by the attending *physician*.
 - Identify the remains of the deceased *Insured*.
- » Expenses to return the vehicle used by the *Insured* (automobile, motorcycle, motorhome or pick-up truck with a maximum load capacity of 1,000 kg) if the *Insured*'s health condition, certified by a physician, prevents him/her from driving the vehicle and if no accompanying **member of the family** is able to do so. The vehicle must be in working order and able to make the return trip in order to be covered. The maximum reimbursement is \$2,000.
- » In the event of the *Insured*'s death, expenses for the return of the *Insured*'s mortal or cremated remains to his/her province of residence by the most direct route (**airplane**, bus, boat, train) or the cost of cremation or burial on site, up to a maximum of \$3,000. The cost of a coffin is not covered.

■ LIVING EXPENSES

Reasonable **living expenses** incurred by the *Insured* who must delay his/her return due to an **illness** or bodily injury, certified by a *physician*, sustained by the *Insured* himself/herself or by an accompanying **member of the immediate family** or a **travelling companion**. Additional childcare costs for **dependent children** not accompanying the *Insured* are also covered. These expenses are reimbursable up to \$150 per day, without exceeding \$1,500 per *Insured*.

■ DENTAL CARE

The treatment of natural and healthy teeth by a dentist, if there is an emergency due to an **accident** (direct, accidental blow to the mouth) up to a maximum of \$3,000 per **trip**, per *Insured*.

EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

CAUTION

■ EXCLUSIONS OF HOSPITAL, MEDICAL AND PARAMEDICAL INSURANCE COVERAGE

Claims will be denied if the expenses claimed are due directly or indirectly to any of the following causes:

1. Any **illness** or injury for which the *Insured*, during the 90 days prior to departure from his/her **province** of residence:
 - » consulted a *physician*
 - » took medication
 - » was hospitalized
 - » received treatments or was advised to do so by a *physician*

However, if the *Insured* had been suffering from the said **illness** or injury for a longer time and did not undergo hospitalization or a change in treatment or medication dosage during the 90 days prior to departure for the **trip**, the said condition will be covered.
2. Elective or non-emergency treatment or surgery that could have been provided in the *Insured*'s **province** of residence without endangering his/her life or health, even where care is provided further to an emergency situation resulting from a sudden **illness** or an **accident**.
3. Pregnancy, miscarriage, childbirth or their complications when such expenses are incurred within 60 days of the normal date of expected delivery.
4. Abusive consumption of medication or narcotics or an alcohol level of more than 80 mg per 100 ml of blood.
5. Self-inflicted injury or loss of use, suicide or attempted suicide, whether or not the *Insured* was aware of his/her actions.
6. Hospital care that is excluded under the legislation or regulations governing the hospital insurance plan in the **province** of residence, when expenses are incurred for such care outside the **province** of residence.
7. Mental, nervous, psychological or psychiatric disorders, unless incurred while the *Insured* is hospitalized for a minimum of 24 hours.
8. Any **accident** resulting from the *Insured*'s participation in a criminal act or an insurrection, from an act of war, whether or not war is declared, or a riot if the riot occurs in a country that the Government of Canada advised Canadians against visiting before the **trip**'s date of departure.

9. Any **accident** resulting from participation in gliding, mountaineering, parachuting, bungee jumping or a motor vehicle race, or participation as a professional in athletic or underwater activities.
10. Any accident or illness occurring while the *Insured* is travelling with a commercial vehicle as a driver, a pilot, a crewmember or a non-paying passenger. This exclusion does not apply if the said vehicle is used solely as a private means of transportation during a vacation and if the vehicle is an automobile or pick-up truck with a maximum load capacity of 1,000 kg.
11. A *trip* taken for the purpose of receiving medical, hospital or paramedical treatment, even on the recommendation of a *physician*.
12. A *trip* taken for the *Insured's* occupation (including training manoeuvres in the armed forces), except if the death or loss of use occurs or if expenses are incurred further to an event that arises during the course of a business meeting or while travelling to such a meeting.

■ LIMITATIONS OF HOSPITAL, MEDICAL AND PARAMEDICAL INSURANCE COVERAGE

Expenses are no longer payable and insurance coverage terminates when the *Insured*:

1. Refuses to transfer to another *hospital* at the request of the *Insurer's* assistance service if there is no medical impediment to the transfer.
2. Refuses to be repatriated to his/her *province* of residence at the *Insurer's* assistance service request.
3. Refuses the medical treatment prescribed by the attending *physician* and approved by the *Insurer's* assistance service.

B) Trip Cancellation Insurance

PROVIDED WITH VISA INFINITE, EXPLORE AND VISA BUSINESS PERFORMANCE CARDS.

This coverage allows the *Insured* to obtain reimbursement for costs prepaid with his/her *Laurentian Bank Visa card* or for certain additional costs he/she must incur if the *trip* is cancelled or interrupted under one of the circumstances listed in the **Insured risks** section.

Eligible expenses vary depending on the following situations:

- » Cancellation prior to departure
- » Delayed departure or missed connection
- » Early or delayed return
- » **Default** of a supplier

You must however contact the *Insurer's* assistance service before incurring expenses after departing on your *trip*. In the event of death, the return must be planned and approved by the assistance service.

■ INSURED RISKS

The following risks are insured under this coverage:

- a) **Illness, accident** or death of the *Insured*, a **member of the family**, a **travelling companion** or a **member of the family** of the **travelling companion**. If several people are travelling together, only three *Insureds* can put forward this reason to obtain benefits for themselves and for accompanying **dependent children**.
- b) A business associate, a key employee or the host at destination is hospitalized or dies. A key employee is an employee who plays an essential role in the smooth functioning of the company or the institution for which he/she works, together with the *Insured*, and whose absence puts the main activities of the company or institution at risk.
- c) The *Insured* must serve jury duty, is subpoenaed as a witness in a case that will be heard during the *trip* or is quarantined, or the **airplane** aboard which the *Insured* is travelling is hijacked.
- d) The *Insured* must relocate his/her principal residence a minimum of 160 kilometres during the 30 days prior to departure as a result of a transfer by the employer for whom he/she was working on the date of the purchase of the **airline** ticket or package *trip* from an authorized agency.
- e) A disaster renders the principal residence of the *Insured* uninhabitable or causes significant damage to his/her business establishment.
- f) A **business meeting** which the *Insured* must attend is cancelled further to the hospitalization or death of the person with whom the arrangements for the meeting had previously been made. The reimbursement is limited to transportation expenses and a maximum of three days of lodging.
- g) A natural catastrophe or violence occurs in the destination country, prompting the Government of Canada to advise against travelling travel there after the date on which the **airline** tickets or package *trip* are purchased.
- h) A person for whom the *Insured* is the legal guardian becomes ill, sustains an **accident** or dies.
- i) A person for whom the *Insured* is the estate executor dies.
- j) The **travel service supplier** defaults or becomes insolvent.

- 14 k) The company that employs the **Insured** experiences a strike, lock-out or bankruptcy.
- l) The **Insured** suffers an involuntary loss of the **permanent employment** he/she has actively occupied with the same employer for at least one year, provided the **Insured** had no reason to believe that he/she could lose the employment in the days leading up to the purchase of the **trip**.

■ CANCELLATION PRIOR TO DEPARTURE

The **Insurer** will pay benefits, up to \$2,000 per **trip**, per **Insured**, equal to the following costs:

- a) The non-refundable portion of the travel arrangement costs prepaid with the **Laurentian Bank Visa card**.
- b) The extra costs incurred because the **travelling companion** must cancel his/her trip under one of the circumstances listed in the **Insured risks** section and the **Insured** decides to proceed anyway with the **trip** as originally planned.

■ DELAYED DEPARTURE OR MISSED CONNECTION

The **Insurer** will pay benefits equal to the total of the following costs, up to \$2,000 per **trip**, per **Insured**:

- a) The extra cost of a one-way economy fare ticket by the most direct route to the planned destination insofar as the **Insured** purchased the initial round-trip ticket with the **Laurentian Bank Visa card**, in the event of a missed connection due to:
 - » Delay of connecting public carrier (**airplane**, bus, train, boat, taxi or limousine) and if the delay is due to weather conditions or mechanical failure.
 - » In the case of a private automobile, delay due to a traffic **accident** or an emergency road closure (substantiated by a police report).

In all cases, the **Insured** must have planned to be at the departure point at least 2 hours prior to the scheduled departure time.

- b) The non-refundable unused portion of the travel costs prepaid with the **Laurentian Bank Visa card** if the connecting scheduled carrier is delayed by weather conditions for a period equal to at least 30% of the total number of days of the **trip** and the **Insured** elects not to depart or proceed on his/her **trip**.
- c) In the event the **Insured** must delay his/her departure due to an **illness** or **accident** suffered by himself/herself or his/her **travelling companion**, the extra cost of a one-way economy fare ticket with a scheduled carrier by the most direct route for the **Insured** to join his/her group for the remainder of the **trip**, insofar as the **Insured** purchased the initial round-trip ticket with the **Laurentian Bank Visa card**.

■ EARLY OR DELAYED RETURN

The **Insurer** will pay benefits equal to the total of the following costs, up to \$5,000 per **trip**, per **Insured**:

- a) The extra cost of a one-way economy fare ticket by the most direct route for the return trip to the **province** of residence, insofar as the initial round-trip ticket was purchased with the **Laurentian Bank Visa card**. However, if the **Insured's** return is delayed due to an **illness** or **accident** by more than 7 days beyond the initially planned return date, this benefit will be payable only upon presentation of proof of the **Insured's** hospitalization.
- b) The unused non-refundable portion of the land travel arrangements (hotel reservation, car rental, etc.) prepaid with the **Laurentian Bank Visa card**.

■ DEFAULT OF A TRAVEL SERVICE SUPPLIER

The **Insurer** covers the following expenses up to a maximum of \$2,000 per **Insured** if the loss is due to the **default** of a **travel service supplier**.

- a) The non-refundable sums paid in advance with the **Laurentian Bank Visa card** for the planned **trip** if the **default** occurs before departure.
- b) The non-refundable, unused portion of the sums paid in advance for the **trip** with the **Laurentian Bank Visa card**.

Please note that any amounts reimbursed by the **Insurer** are subrogated in its favour.

CAUTION**■ EXCLUSIONS OF TRIP CANCELLATION INSURANCE COVERAGE**

Claims will be denied if the expenses claimed are due directly or indirectly to any of the following causes:

1. Any *illness* or injury for which the *Insured*, during the 90 days prior to prepayment of any of the costs related to his/her *trip*:
 - » consulted a *physician*
 - » took medication
 - » was hospitalized
 - » received treatments or was advised to do so by a *physician*

However, if the *Insured* had been suffering from the said *illness* or injury for a longer time and did not undergo hospitalization or a change in treatment or medication dosage during the 90 days prior to payment for the *trip* (or a portion of the *trip*), the said condition will be covered.

2. Pregnancy, miscarriage, childbirth or their complications when such expenses are incurred within 60 days of the normal date of expected delivery.
3. Abusive consumption of medication or narcotics or an alcohol level of more than 80 mg per 100 ml of blood.
4. Self-inflicted injury or loss of use, suicide or attempted suicide, whether or not the *Insured* was aware of his/her actions.
5. Mental, nervous, psychological or psychiatric disorders, unless incurred while the *Insured* is hospitalized for a minimum of 24 hours.
6. Any *accident* resulting from the *Insured's* participation in a criminal act or an insurrection, from an act of war, whether or not war is declared, or a riot if the riot occurs in a country that the Government of Canada advised Canadians against visiting before the date of purchase of the *trip*.
7. Any *accident* resulting from participation in gliding, mountaineering, parachuting, bungee jumping or a motor vehicle race, or participation as a professional in athletic or underwater activities.
8. Any *accident* or *illness* occurring while the *Insured* is travelling with a commercial vehicle as a driver, a pilot, a crewmember or a non-paying passenger. This exclusion does not apply if the said vehicle is used solely as a private means of transportation during a vacation and if the vehicle is an automobile or pick-up truck with a maximum load capacity of 1,000 kg.

9. A *trip* taken for the purpose of receiving medical, hospital or paramedical treatment, even on the recommendation of a *physician*.
10. A *trip* taken for the *Insured's* occupation (including training manoeuvres in the armed forces), except if the death or loss of use occurs or if expenses are incurred further to an event that arises during the course of a business meeting or while travelling to such a meeting.
11. A *trip* taken to visit or attend a sick or injured person whose medical condition or subsequent death results in the cancellation or amendment of the planned *trip*.
12. A situation the *Insured* knew about at the time the coverage came into effect or when making subsequent payments for the *trip* that is likely to lead to any of the insured risks materializing.
13. A reason put forward by the *Insured* that does not prevent him/her beyond any reasonable doubt from undertaking or proceeding with the planned *trip*.

■ LIMITATIONS OF TRIP CANCELLATION INSURANCE COVERAGE

1. The Insurer's liability for a cancellation prior to departure is limited to the cancellation costs stipulated in the travel contract on the date the insured risk materializes (or the next business day if that date is a statutory holiday). The *Insured* must notify the *travel service provider* and the *Insurer* on the day the cause for cancellation occurs (or the next business day, if a statutory holiday).
2. The total of all amounts the *Insurer* may be required to pay in the event of *default* by a *travel service supplier* is limited to \$500,000 and to \$1,000,000 per calendar year in the event of *default* by all *travel service suppliers*.
3. Expenses are no longer eligible and the insurance coverage terminates when the *Insured* refuses any medical treatment that is prescribed by the attending *physician* and approved by the *Insurer's* medical assistance service.
4. The *Insurer's* assistance service must be contacted before any costs for cancellation are incurred after the date of departure or in the event of death.

PROVIDED WITH VISA EXPLORE AND VISA BUSINESS PERFORMANCE CARDS

This coverage provides reimbursement for essential items purchased when checked baggage with an *airline carrier* is delayed by more than 12 hours, except if the baggage is delayed on the inbound flight to the *Insured's* province of residence.

The items must be purchased within four days of arrival at the destination but before the delivery of the baggage by the *airline carrier*.

Essential items are defined as toiletries, underwear and everyday clothing.

Proof of delayed baggage and receipts for purchases must be submitted with the claim.

The *cardholder*, his/her *spouse* and their *dependent children* (if accompanying them for the entire duration of the *trip*) are covered if the round-trip *plane* tickets were purchased with the *Laurentian Bank Visa card* for each *Insured*.

The benefits payable vary depending on how long the baggage is delayed.

BAGGAGE DELAYED BETWEEN 12 AND 72 HOURS

The maximum reimbursement is \$200 per *Insured*, subject to an overall limit of \$1,000 of expenses incurred for all *Insureds*, regardless of the number of *Laurentian Bank Visa cards* issued to the *Insureds*.

BAGGAGE DELAYED LONGER THAN 72 HOURS

The maximum reimbursement is \$500 per *Insured*, subject to an overall limit of \$2,500 of expenses incurred for all *Insureds*, regardless of the number of *Laurentian Bank Visa cards* issued to the *Insureds*.

EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

CAUTION

EXCLUSIONS OF DELAYED BAGGAGE INSURANCE COVERAGE:

No benefits will be payable for baggage that is delayed due directly or indirectly to any of the following causes:

- a) The baggage was not checked in accordance with the basic rules published by the *airline carrier*.
- b) If the connection time between two flights is shorter than the minimum period prescribed by the *airline carrier's* rules.
- c) If the loss occurs on the inbound flight to the *Insured's province* of residence.

- d) Any *accident* resulting from an insurrection, a war or an act of war, whether or not war is declared, from the *Insured's* participation in a criminal act or a riot if the riot occurs in a country that the Government of Canada advised Canadians against visiting before the *trip's* date of departure.

Furthermore, no reimbursement is provided for the following items:

- a) Items for which the *Insured* may request compensation from the *airline*.
- b) Items eligible for reimbursement under another insurance contract.
- c) Sports equipment or clothing.
- d) Animals, any means of transport and their accessories, furniture and furnishings, dentures and artificial limbs, contact lenses, eyeglasses, hearing aids, jewellery, money, securities and documents, professional or occupational supplies or property, antiques and collectors' items, property illegally acquired, kept, stored or transported.

D) Public Transportation Vehicle Accident Insurance

PROVIDED WITH VISA INFINITE, EXPLORE, VISA BUSINESS PERFORMANCE AND VISA BUSINESS CARDS

This benefit covers loss of life or loss of use of one or more limbs caused directly and independently of any other cause by an *accident* sustained during a *trip* while this coverage is in force.

The *accident* must be sustained by the *Insured* in any of the following situations:

1. While travelling as a paying passenger in a *public transportation vehicle*.
2. While boarding or exiting a *public transportation vehicle*.
3. While he/she has in his/her possession tickets already paid for with the *Laurentian Bank Visa card* and is using another means of ground transportation, operated by a carrier licensed for passenger transportation, for travel to or from the airport, station or harbour with the intention of immediately using, or immediately after using, the *public transportation vehicle* for which he/she purchased the tickets.
4. While he/she has in her/her possession tickets already paid for with the *Laurentian Bank Visa card* and is on the grounds of the airport, station or harbour with the intention of using, or immediately after using, the *public transportation vehicle* for which he/she purchased the tickets.

The loss must occur within 52 weeks following the date of the **accident**. If there is more than one loss, only the largest of the amounts of insurance is payable. If the **Insured's** body is not found within 52 weeks following the **accident**, he/she will be presumed deceased.

If the **Insured** dies within 52 weeks following the **accident**, only the amount of \$500,000 provided in case of accidental death will be payable. Any sum already paid out will be deducted from this amount.

The following benefit amounts are payable depending on the nature of the loss sustained:

ACCIDENTAL LOSS OF	SUM INSURED
Life	\$500,000
Use of two limbs or organs (foot, hand, eye) including paraplegia, quadriplegia and hemiplegia	\$500,000
Speech and hearing	\$500,000
Use of one arm or one leg	\$375,000
Use of one limb or organ (foot, hand, eye)	\$333,333
Speech or hearing in both ears	\$250,000
Use of the thumb and forefinger of the same hand	\$166,666
Hearing in only one ear	\$83,333

EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

CAUTION

■ EXCLUSIONS OF PUBLIC TRANSPORTATION VEHICLE ACCIDENT INSURANCE COVERAGE:

No benefits will be payable when the death or loss of use results directly or indirectly from any of the following causes:

1. Abusive consumption of medication, narcotics or alcohol; abusive consumption of alcohol is defined as resulting in an alcohol level of more than 80 mg per 100 ml of blood.
2. Suicide or attempted suicide, or self-inflicted injury or loss of use, whether or not the **Insured** was aware of his/her actions.
3. Any **accident** resulting from an insurrection, a war or an act of war, whether or not war is declared, from the **Insured's** participation in a criminal act or even a riot occurring in a country that the Government of Canada advised Canadians against visiting before the start date of the **trip**.

Furthermore, no benefit will be paid for an **accident** occurring in any of the following situations:

1. A **trip** taken for the **Insured's** occupation (including training manoeuvres in the armed forces), except if the death or loss of use occurs further to an event that arises during the course of a business meeting or during the **Insured's** travel to such a meeting.
2. When the **Insured** is a passenger on a flight chartered by a company that does not usually offer this service, or when boarding or exiting such a **plane**.
3. While the **Insured** is boarding, exiting or is on a **plane** other than a **plane** licensed for passenger transportation.
4. While the **Insured** is travelling in a **public transportation vehicle** as a driver, pilot, crewmember or non-paying passenger.

No benefit is payable if the death or loss of use occurs more than 52 weeks after the **accident**, except if the **Insured** is in a coma at the end of this period. If this is the case, the **Insurer** will determine any benefit payable at the end of the coma.

■ LIMITATIONS OF PUBLIC TRANSPORTATION VEHICLE ACCIDENT INSURANCE COVERAGE:

No benefit will be payable while the **Insured** is in a coma.

If there is more than one loss, only the largest of the amounts of insurance is payable.

If the **Insured** holds multiple policies with the **Insurer**, the benefits provided under these policies will be reduced proportionally so that the total amount paid out following the same accident does not exceed \$10,000,000.

SUMMARY OF CONDITIONS

A) Eligible individuals

For all coverage: All individuals must be Residents in Canada and be covered under their **province's** health and hospitalization insurance plan.

Individuals are eligible for the various coverage as specified below:

HOSPITAL, MEDICAL AND PARAMEDICAL INSURANCE

- » **Cardholder** and his/her **spouse**
- » The **cardholder's** or **spouse's dependent children**, when accompanying the **cardholder** or his/her **spouse** for the entire duration of the **trip**

All individuals must be under 75 years of **age** prior to departure for the **trip**.

TRIP CANCELLATION INSURANCE

DELAYED BAGGAGE INSURANCE

PUBLIC TRANSPORTATION VEHICLE ACCIDENT INSURANCE

- » **Cardholder** and his/her **spouse**
- » The **cardholder's** or **spouse's dependent children**, when accompanying the **cardholder** or his/her **spouse** for the entire duration of the **trip**

B) Maximum amounts covered per *Insured* and per *trip*

1. HOSPITAL, MEDICAL AND PARAMEDICAL INSURANCE: \$5,000,000

Maximum amounts apply to the following types of care:

- » Services of a chiropractor, podiatrist or physiotherapist: \$15 per treatment, up to a maximum of \$150
- » **Living expenses** for an **Insured** who must delay his/her return due to an **illness**: \$150 per day, up to a maximum of \$1,500
- » Expenses for returning a vehicle: \$2,000
- » Repatriating a body: \$3,000
- » Dental care: \$3,000

2. TRIP CANCELLATION INSURANCE

- » In the event of cancellation prior to departure, delayed departure, missed connection or **default** by a supplier: \$2,000
- » In the event of early or delayed return: \$5,000

3. DELAYED BAGGAGE INSURANCE

- » Baggage delayed between 12 and 72 hours: \$200 per person, up to a maximum of \$1,000
- » Baggage delayed longer than 72 hours: \$500 per person, up to a maximum of \$2,500

4. PUBLIC TRANSPORTATION VEHICLE ACCIDENT INSURANCE: \$500,000

See page 20 for the maximums applicable to each type of loss.

C) Beneficiary of insurance

Benefits are payable to the **cardholder**. If the **cardholder** is deceased, payment is made to his/her estate.

However, the **Insurer** reserves the right to pay a service supplier directly.

Any amount paid by the **Insurer** or on its behalf frees it of any obligation up to such amount.

D) Validity of insurance and premium

The insurance is only valid if the **cardholder** meets all the conditions for an **account in good standing**.

There are no fees or premiums required to benefit from this insurance.

E) Beginning and termination of insurance

No insurance coverage can take effect before the effective date of the **Laurentian Bank Visa card**.

Insurance begins and ends on the dates specified below for each coverage.

In all cases, all coverage ends on the day the **cardholder's** account is no longer **in good standing** or when the contract between Laurentian Bank and the **Insurer** terminates.

HOSPITAL, MEDICAL AND PARAMEDICAL INSURANCE

Coverage begins on the date on which the **Insured** leaves his/her **province** of residence.

Coverage ends on the earliest of the following dates:

- » The actual date of the **Insured's** return to his/her **province** of residence
- » After the 31st day of a **trip** for **Insureds age** 65 and under
- » After the 15th day of a **trip** for **Insureds age** 66 to 75
- » When the **Insured** reaches 76 years of **age**

TRIP CANCELLATION INSURANCE

Coverage begins on the date on which the cost of any of the following portions of the **Insured's trip** is paid for with the **Laurentian Bank Visa card**.

- » **Public transportation vehicle ticket**
- » Lodging reservation
- » Package **trip**
- » Short-term car rental

Coverage ends on the earliest of the following dates:

- » The date on which an insured risk materializes, giving rise to the cancellation of the **trip** prior to departure
- » The date of return indicated on the round-trip transportation ticket paid for with the **Laurentian Bank Visa card**
- » The actual date of the **Insured's** return to his/her **province** of residence

DELAYED BAGGAGE INSURANCE

Coverage begins on the date on which the **Insured's** baggage is checked with the **airline carrier** and ends when the baggage is delivered at the planned destination.

PUBLIC TRANSPORTATION VEHICLE ACCIDENT INSURANCE

Coverage begins on the date on which the cost of the **public transportation vehicle** ticket for the **Insured** is paid for with the **Laurentian Bank Visa card** (at full fare, except for deposits paid by other means).

Coverage ends when the **Insured** exits the **public transportation vehicle**; or if, immediately after using the **public transportation vehicle** for which he/she purchased the tickets, the **Insured** uses another means of ground transportation, operated by a carrier licensed for passenger transportation, for travel from the airport, station or harbour, when the **Insured** exits that vehicle.

F) Other insurance

The benefits provided under this travel insurance only cover excess expenses that are not covered by another insurance contract, by law, or by a public insurance plan.

The benefits payable from all sources cannot exceed the amount of expenses actually incurred by the **Insured**.

Benefits will be calculated in accordance with the rules set out by the Canadian Life and Health Insurance Association.

G) Subrogation

The **Insurer** automatically acquires the **Insured's** right of action against the author (natural person or corporate body) of a damage, up to the amount it has paid out.

The **Insured** must sign the requisite documents to this effect and do whatever is necessary to protect his/her rights.

H) Fraud or false statement

Any false statement or concealment by the **Insured** concerning facts or circumstances known by him/her and related to the risk or claim, as well as any refusal to disclose information that the **Insurer** deems essential will result, upon the **Insurer's** request, in the nullity of the insurance.

Any fraud or attempted fraud will result in this travel insurance being cancelled and any claims being denied.

I) Extension of Hospital, Medical and Paramedical Insurance coverage

For further information, you can call toll-free at one of the following numbers:

CANADA and the UNITED STATES 1-877-287-8334 (toll-free)
Other countries 514-286-8301 (collect calls)

This coverage is automatically extended free of charge in the following situations:

- a) If the return is postponed due to a delay of the carrier with which the **Insured** is scheduled to travel as a paying passenger, or further to a traffic **accident** or mechanical failure. Extended coverage is granted for a maximum of 24 hours.
- b) While the **Insured** is hospitalized, if the return is delayed due to the **Insured's** hospitalization and coverage expires after he/she is admitted to **hospital**. Extended coverage is granted for a maximum of 72 hours after the end of hospitalization.
- c) While a **living expenses** allowance is being paid to the **Insured** if the return is delayed due to an **illness** or **accident** that is covered under this insurance. Extended coverage is granted for a maximum of 72 hours after the end of **living expenses** allowance payments.

J) Assignment

The rights conferred under this travel insurance cannot be assigned.

K) Currency

All sums of money in this guide are in Canadian currency. Any payments are made to the **cardholder** in Canadian currency at the rate of exchange in effect on the date of payment.

The **Laurentian Bank Visa card** offers you a 24-hour assistance service whenever you are travelling outside your **province** of residence.

The assistance service is available to any **Insured** for the duration of the **trip**. The telephone numbers to dial in case of emergency are indicated below.

The main services available are as follows:

- » Free 24-hour telephone assistance
- » Referral to **physicians** or medical facilities
- » Assistance for **hospital** admission
- » Cash advances to the **hospital** when required by the facility
- » Repatriation of the **Insured** to his/her city of residence once his/her state of health allows
- » Evacuation to a **hospital** for adequate care if repatriation to the **province** of residence is not possible
- » Settlement of formalities in the event of death
- » Repatriation of the **Insured's dependent children** if the **Insured** cannot be moved
- » Arrangements necessary to send for a **member of the immediate family** if the **Insured** must be confined to **hospital** for at least 7 days and if prescribed by the **physician**
- » Transmittal of messages to the **Insured's** family or friends in the event of an emergency
- » In the event of loss or theft of tickets, identification papers or official documents, assistance in obtaining replacement documents in order to continue the **trip**
- » Assistance in finding or replacing lost or stolen baggage
- » Prior to departure, information on passports, Visas and vaccinations required in the destination country
- » Referral to lawyers if legal problems arise
- » Translation service

The Insured, or any person accompanying the Insured if he/she is unable to do so, must immediately contact the assistance service for approval when the Insured must seek hospital, medical and paramedical services abroad or outside his/her province of residence.

In case of emergency, dial one of the following numbers:

CANADA and the UNITED STATES 1-877-287-8334 (toll-free)

Other countries 514-286-8301 (collect calls)

M) Safeguards

The **Insured** must take all reasonable measures to prevent or limit damages.

N) Applicable law and jurisdiction

This contract is governed exclusively by the laws of the Canadian **province** or territory where the **Insured** normally resides.

Any legal action regarding its conclusion, interpretation or execution must be brought before the competent courts in the Canadian **province** or territory where the **Insured** normally resides and the parties agree to submit to its jurisdiction.

O) Other information

NOTICE REGARDING THE ESTABLISHMENT OF A PERSONAL INFORMATION FILE

The personal information that the **Insurer** holds or will hold regarding any **Insured** is treated confidentially and will be kept in a file for the purpose of enabling **Insureds** to benefit from the various financial, insurance, annuity, credit and other services offered by the **Insurer**. The information will be consulted only by the **Insurer's** personnel who must do so in order to exercise their functions.

Insureds may access their file and have it rectified if they prove that the information is incorrect, incomplete, ambiguous, out of date or not necessary. To do so, they must submit a request in writing to the **Insurer**.

AUTHORIZATION WITH RESPECT TO THE COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION TO A THIRD PARTY

Unless they notify the **Insurer** to the contrary, **Insureds** are deemed to give their express authorization to Laurentian Bank of Canada, or any company operating its database, to provide the **Insurer** or its reinsurers with any necessary information to manage the insurance contract. In the event of death, **Insureds** are deemed to authorize their beneficiaries, heirs or liquidators of their estate to provide the **Insurer** with all information and authorizations required to assess claims and obtain supporting documents.

If notice is given to revoke this authorization, this insurance will terminate automatically.

CLAIMS

A) Submitting a claim

CAUTION

Before consulting a *physician* or undergoing treatment during a *trip*, it is very important to contact the *Insurer's* assistance service to ensure the expenses are authorized.

You must also notify the assistance service as soon as any event leads to the cancellation or amendment of a *trip* covered under Trip Cancellation Insurance coverage.

With respect to all other coverage, it is not necessary to contact the assistance service immediately, but it is important to comply with the time limits set out below.

No benefit will be paid if the *Insured* refuses to disclose information or refuses to authorize the *Insurer* to obtain and use any such information.

You must send to the *Insurer* all information and documents required to settle the claim within 90 days following the event. The *Insurer* reserves the right to require, at its own expense, medical examinations or a property valuation with respect to a claim and, if permitted by law, to have an autopsy conducted in the event of death.

If the *Insured* was unable to act within the 90-day period, he/she may still submit a claim, providing this is done within 365 days following the loss.

For claims, dial one of the following numbers:

CANADA and the UNITED STATES 1-877-287-8334 (toll-free)

Other countries 514-286-8301 (collect calls)

Some of the following documents may be required to submit a claim:

- » Completed and signed claim form
- » Proof of duration of the *trip*
- » Original and itemized receipts for expenses claimed
- » Proof of payment deemed acceptable by the *Insurer*
- » **Laurentian Bank Visa card** statement showing proof of purchase
- » Medical certificate or file stating diagnosis
- » Unused travel tickets
- » Copy of contracts specifying non-refundable amounts in the event of cancellation
- » Official document justifying cancellation of a *trip*
- » Evidence of baggage delay
- » Police report

B) *Insurer's* response time

The *Insurer* has **30 business days** following receipt of all documents required to process your file in which to:

- i) Pay you the benefit or advise you that payment has been made to the care or service provider (*hospital*, clinic, etc.)
- or
- ii) Decline the claim in writing and give the reason(s) justifying the decision

C) Appealing the *Insurer's* decision and recourse

If the *Insurer* declines the claim, you may contest the decision or request a review. You must do so in writing, explaining your point of view or providing new documents that may change the decision that was made (e.g. a new document from a *physician* who treated you).

Any requests for review must be made **within 12 months** following the *Insurer's* decision to decline the claim. When it receives your request for review, the *Insurer* will acknowledge receipt in writing and inform you of the recourse available. You must send your request and documents to the following address with regard to travel insurance coverage:

**Travel Claims Review Committee
550 Sherbrooke Street West, Suite B9
Montreal QC H3A 3S3**

The *Insurer* has **four months** following your appeal to communicate its decision to you in writing or by telephone.

Furthermore, at any time you may request to have your file transferred to the Autorité des marchés financiers. You may also contact this organization yourself or consult with your own legal advisor.

ADDITIONAL INFORMATION

For any additional information about travel insurance coverage benefits, please call at the following numbers:

CANADA and the UNITED STATES 1-877-287-8334 (toll-free)
Other countries 514-286-8301 (collect calls)

REFERRAL TO THE *AUTORITÉ DES MARCHÉS FINANCIERS*

For any additional information about the obligations of the *Insurer* and the distributor to you, contact the Autorité des marchés financiers at:

Autorité des marchés financiers

Place de la Cité, Tour Cominar
2640 Laurier Boulevard, 4th Floor
Quebec City QC G1V 5C1

Toll-free: 1-877-525-0337
Quebec City: 418-525-0337
Montreal: 514-395-0337

Website: www.lautorite.qc.ca

SIMILAR PRODUCTS

Other insurance companies offer travel insurance products. You should check whether you already have travel insurance coverage and whether it contains exclusions, limitations or reductions in coverage.

Personal notes

Start of coverage: _____

End of coverage: _____

Amount of coverage: _____

Premium: _____

Other: _____

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

Notice given by a distributor

In accordance with Section 440 of the *Act respecting the distribution of financial products and services*.

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

- » By law, you are entitled to cancel an insurance contract signed at the same time as another contract, **without penalty, within 10 days of signing it. However, the Insurer grants you a period of 30 days in which to do this.** To do so, you must send notice to the *Insurer* by registered mail within this period. You may use the template provided below if you wish.
- » Despite the cancellation of the insurance contract, the first contract entered into remains in force. You should be aware that you may lose advantageous conditions that were granted to you through this insurance. Please see your contract or ask your distributor for more information.
- » You may cancel your contract at any time, but penalties will apply after the 30-day period.

For more details, you may call the Autorité des marchés financiers at 418-525-0337 (Quebec City), 514-395-0337 (Montreal) or 1-877-525-0337 (toll-free).

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: Canassurance Insurance Company
550 Sherbrooke West, Suite B9
Montreal, Quebec H3A 3S3

Date: _____
(date of sending of notice)

Pursuant to Section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.:

(contract number, if specified)

Entered into on _____
(date of signature of contract)

At _____
(place of signature of contract)

Name _____
(print name of client)

(signature of client)

The distributor must first complete this section.
This document must be sent by registered mail.

Sections 439, 440, 441, 442 and 443 of the Act are shown
on the back of this form.

Section 439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

Section 440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

Section 441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

Section 442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time. However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

Section 443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

Claims and Assistance services

1-877-287-8334

General information

1-800-252-1846

